

**LBHI TRANSFER NOTICE**

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

In re:

Ch-11 LEHMAN BROTHERS HOLDINGS, INC.

Debtor

Case No. 08-13555

Chapter 11

**NOTICE OF TRANSFER OF CLAIM  
PURSUANT TO RULE 3001(e)**

PLEASE TAKE NOTICE that the following claims of CVF Lux Master S.a.r.l. ("Seller") that are scheduled by the Debtor(s) and or filed as an original or amended Proof of Claim against the Debtor(s):

Proof of Claim Amount	Proof of Claim No.
\$1,597,309.94	66880

have been transferred and assigned to Merrill Lynch Credit Products, LLC ("Assignee"). The signature of Seller on this document is evidence of the transfer of the claims and all rights thereto.

Seller hereby waives any notice or hearing requirements imposed by Rule 3001 of the Bankruptcy Rules, and stipulates that an order may be entered recognizing this Assignment as an unconditional assignment and the Assignee herein as the valid owner of the Claim. You are hereby requested to make all future payments and distributions, and to give all notices and other communications, in respect of the Claim to the Assignee.

ASSIGNEE: Merrill Lynch Credit Products,  
LLC

Address: c/o Bank of America Merrill Lynch  
Bank of America Tower – 3rd Floor  
One Bryant Park  
New York, New York 10036  
Telephone: (646) 855-7450  
Attention: Jeff Benesh  
Email: jeffrey.benesh@baml.com

SELLER: CVF Lux Master S.a.r.l.

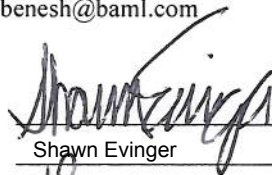
Address: c/o CarVal Investors UK Limited  
3<sup>rd</sup> Floor, 25 Great Pulteney Street  
London, W1F 9LT

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

  
Shawn Evinger  
VP  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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New York, New York 10036

SELLER: CVF Lux Master S.a.r.l.  
Address: c/o CarVal Investors UK Limited  
3<sup>rd</sup> Floor, 25 Great Pulteney Street  
London, W1F 9LT

BY CARVAL INVESTORS UK LIMITED

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

DAVID SHORT  
OPERATIONS MANAGER

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_